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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J29280** (1)

1. Corporation Name
STOFFER AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
19867 LATONA PL BOCA RATON FL 33434 US	19867 LATONA PL. BOCA RATON FL 33434-5609 US

3. Date Incorporated or Qualified: 08/19/1986
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business
21 13902 Smokerise Ct.
Suite, Apt. #, etc. 22
City & State 23 Orlando, FL
Zip 24 32832 Country 25 USA

2a. Mailing Address
26 13902 Smokerise Ct.
Suite, Apt. #, etc. 27
City & State 28 Orlando, FL
Zip 29 32832 Country 30 USA

4. FEI Number: 59-2709695 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
STOFFER, SHIRLEY
19867 LATONA PLACE
BOCA RATON FL 33434

10. Name and Address of New Registered Agent
81 Name: STOFFER, Shirley
82 Street Address (P.O. Box Number is Not Acceptable): 13902 Smokerise Court
83
84 City: Orlando FL 85 Zip Code: 32832

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Shirley M. Stoffer Sec. / Treas. 2/18/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	STOFFER, RANDALL D.		1.2 NAME		
STREET ADDRESS	19867 LATONA PL		1.3 STREET ADDRESS	13902 Smokerise Ct.	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Orlando, FL 32832	
TITLE	STD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	STOFFER, SHIRLEY Y.		2.2 NAME		
STREET ADDRESS	19867 LATONA PL		2.3 STREET ADDRESS	13902 Smokerise Ct.	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Orlando, FL 32832	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shirley M. Stoffer SHIRLEY STOFFER 2/18/97 407-381-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0918741